

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2						
3						
4						
5						
6						
7						
8						
9		1				
10		1		12		
11		1				
12		1				
13		1				
14	1					
15						
16						
17						
18				4		
19						
20						
21		15				
22		15				
23		15				
24		15		96		
25		15				
26		15				
27						
28						
29						
30						
31						
32						
33	1					
34	1					
35						
36						
37						
38						
39						
40				9		
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	5					
TOTAL DEP.	117					
TOTAL CLAIMS	122					

	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
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91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						